

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

08533207

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	11 minus 20 = *	
INDEPENDENT CLAIMS	35 minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE		RATE
365.00		730.00
x\$11=		x\$22=
x38=		x76= 152
+120=		+240=
TOTAL		TOTAL 730 882

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 11	Minus	** 20	=
Independent	* 3	Minus	*** 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE		RATE
x\$11=		x\$22=
x38=		x76=
+120=		+240=
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 21	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 20	Minus	** 20	=
Independent	* 5	Minus	*** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x76= 152	
+240=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
	395.00		790.00
x\$11=		x\$22=	
x41=		x82=	
+135=		+270=	
TOTAL		TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 12	Minus	** 20 =
Independent	* 4	Minus	*** 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x41=		x82=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x41=		x82=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x41=		x82=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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PATENT APPLICATION FEE DETERMINATION RECORD

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(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY	OTHER THAN SMALL ENTITY	SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	Fee	RATE	Fee
	385.00		770.00
x\$11=		x\$22=	
x40=		x80=	
+130=		+260=	
TOTAL		TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			MINUS	=
Total	* 13	Minus	** 20	=
Independent	* 4	Minus	*** 5	=

SMALL ENTITY	OTHER THAN SMALL ENTITY	SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x\$11=		x\$22=	
x40=		x80=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			MINUS	=
Total	* 7	Minus	**	=
Independent	* 7	Minus	***	=

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x\$11=		x\$22=	
x40=		x80=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			MINUS	=
Total	*	Minus	**	=
Independent	*	Minus	***	=

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x\$11=		x\$22=	
x40=		x80=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

70096-00520 01A/117

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 11/3/95 2 Serial/Patent # 08533207

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			<u>9/25/95</u>	\$ <u>152⁰⁰</u>
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>152⁰⁰</u>	
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		Treasury Check		
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	9 <input type="text"/> -- <input type="text"/> <input type="text"/>	
10 REASON:				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Duane A. McCray</u>		TITLE: <u>Clerk</u>		
SIGNATURE: <u>Duane A. McCray</u>		PHONE: <u>308-6473</u>		
OFFICE: *****				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Bill Phillips</u>		DATE: <u>11-15-95</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	240	1	08533207	00032	951017	951018	581	40.00
C	240	1	08533207	00033	951017	951018	101	882.00

NO MORE TRANSACTIONS

END OF YOUR QUERY

15 20
24 24